

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 1 9

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 26,500

b. FFY 2001 \$ 212,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A
PP 18-209. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

Case Management Services: Infants and Toddlers

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 27, 2000

16. RETURN TO:

Janet Schalansky
Social & Rehabilitation Services
915 SW Harrison, Room 651S
Topeka, KS 66612**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/28/00

18. DATE APPROVED:

NOV 20 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:
Schalansky
Day
Bieberly

SPA CONTROL

Date Submitted 09/27/00

Date Received 09/28/00

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4 (BERC)
March 1987

Supplement 1 to Attachment 3.1-A
Page 18
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

A. Target Group

Infants and toddlers, ages birth up to age four, who are developmentally delayed or are at established risk for developmental delay. These children are eligible for Kansas Infant-Toddler Services, Part C of the Individuals with Disabilities Education Act, (I.D.E.A.). The primary target group is children up to age three, however those children who turn three after the beginning of a school year that have been determined eligible for Part B of I.D.E.A. and whose IEP/IFSP team have determined that family service coordination services are needed until the beginning of the following school year may continue to be served until their fourth birthday.

B. Areas of State in which services will be provided:

- ☒ Entire State
☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.)

C. Comparability of Services

- ☒ Services are provided in accordance with section 1902 (a)(10)(B) of the Act.
☐ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management means the activities carried out to assist and enable a child eligible under Part C of I.D.E.A., and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Kansas Infant-Toddler Services. The case manager is responsible for

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TN# 00-19 Approval Date Effective Date 07/01/2000 Supersedes TN# n/a

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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coordinating all services across agency lines and serving as the single point of contact in helping parents to obtain the services and assistance they need.

Case management is an active, ongoing process that involves:

- a) Assisting families of eligible children in gaining access to early intervention services and other services identified in the individualized family service plan;
- b) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- c) Facilitating the timely delivery of available services;
- d) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific case management activities include:

- a) Coordinating the performance of evaluations and assessments;
- b) Facilitating and participating in the development, review, and evaluation of individualized family service plans;
- c) Assisting families in identifying available service providers;
- d) Coordinating and monitoring the delivery of available services;
- e) Informing families of the availability of advocacy services;
- f) Coordinating with medical and health providers;
- g) Facilitating the development of a transition plan to preschool services, if appropriate;
- h) Maintaining a record of case management activities in each child's record.

E. Qualifications of Providers:

Case managers must be persons who have demonstrated knowledge and understanding about -

- a) Infants and toddlers who are eligible under Part C of I.D.E.A.
- b) Part C of I.D.E.A.
- c) The nature and scope of services available under the Kansas Infant-Toddler Services, the system of payments for services in Kansas and other pertinent information.

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- F. The state assures that the provisions of Case Management services will not restrict an individual's free choice of providers in violation of section 1902 (a)(23) of the Act.
1. Eligible consumers will have free choice of the providers of case management services.
 2. Eligible consumers will have free choice of the providers of other medical care under this plan.
- G. Payment for Case Management services under the plan does not duplicate payments made to public or private entities under other program authorities for this same purpose.

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